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1916

PROCEEDINGS

OF THE

FIFTEENTH ANNUAL CONVENTION

OF THE

Association of Trustees, Superintendents
and Matrons of County Asylums for
Chronic Insane of Wisconsin

Convention Held at Manitowoc, Wisconsin, June 13, 14, and 15, 1916

Public printing authorized by Section 20.28 and 20.37, Revised
Statutes 1915. Published under direction of the State
Board of Control of Wisconsin.



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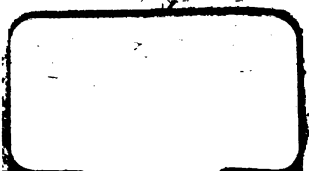
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OFFICERS OF THE ASSOCIATION

FOR 1916-17

M. H. DUNCAN, Wausau.....	President
MRS. O. H. GULLICKSON, West Salem.....	Vice President
D. C. HAYWARD, Weyauwega.....	Secretary
MRS. W. E. VOIGT, Jefferson.....	Assistant Secretary
GEO. H. SEELY, Menomonie.....	Treasurer

The next annual convention will be held at Eau Claire, Wis.,
the first or second week in June, 1917.

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PROCEEDINGS
OF THE
**FIFTEENTH ANNUAL CONVENTION OF THE ASSOCIATION
OF TRUSTEES, SUPERINTENDENTS AND MATRONS OF
THE COUNTY ASYLUMS FOR CHRONIC
INSANE OF WISCONSIN.**

Held in the Courthouse at Manitowoc, Wisconsin,
June 13, 14 and 15, 1916.

TUESDAY EVENING SESSION, JUNE 13, 1916, 8:00 P. M.

PROGRAM

Sextette of Manitowoc

United Musician

Two-Step.....	Harry J. Lincoln
The Sunny South.....	J. Budewalt Lampe
Humorouse—Humoresque.....	Dvorak—Roberts
Still Alarm March.....	H. J. Lincoln
Mother.....	Theodore Morse

After the musical program, the Invocation was given by Rev. F. P. Kiecher. Honorable Henry Stoltze, Mayor of the city of Manitowoc, then delivered an address of welcome. In well chosen words Mr. Stoltze welcomed the members of the Association to the city. He stated that Manitowoc, many times welcomed societies to help the human race, but that this was the first time to welcome an Association such as was here assembled.

Mr. Stoltze in his address gave a brief history of the building of the Manitowoc County Asylum. He stated he was surprised at the good care given the insane who in many instances were better off than those who were sane, and that the unintelligent sane should be given some supervision by those who are better educated, and had command of their faculties. After Mayor Stoltze's address, Rev. Keicher spoke a few very encouraging words to the Association commending it for the valuable service it is rendering mankind.

M. H. Duncan, President of the Association, responding to the Mayor's address of welcome said in part:

On behalf of our Association, I wish to thank you, as the representative of the citizens of Manitowoc, for the very courteous treatment we have received at your hands. Our welcome has been such that I am sure every one of us is more than glad that he came, and will carry back home with

him some very kindly thoughts about the people of Manitowoc, and the hospitality with which we have been received will linger long in our memories.

We would be pleased to have the public interest itself in our proceedings, and we invite all to come and listen to our discussions and debates, to the end that they may become better acquainted with the work in which we are engaged.

I feel that we are going to have a very successful session, and a great deal of credit is due to the royal manner in which we have been welcomed to your city.

THE WAYS OF MAKING INSTITUTION LIFE MORE HOMELIKE.

Mrs. R. M. Smith, Matron

Marinette County Asylum, Peshtigo, Wis.

I chose this for my subject, but after giving it careful study I find there is so much to it and it is so deep I fear I will fall far short of doing it justice. I will, however, try in my feeble way to give you a few suggestions as I see it.

In the first place we must have nice, light, airy rooms, plenty of fresh air and sunshine, with suitable decoration, soothing colors, and plenty of attractive pictures on the walls, as I know by experience this has helped to pass many a lonely hour for our patients. We should have plenty of potted plants, the kind that will blossom, as most of the inmates like flowers; cozy corners and window seats with plenty of attractive pillows so they may enjoy the morning sun; tables to fill up corners, and plenty of good comfortable rockers; also three or four good couches where they may rest when tired or not feeling well, plenty of attractive rugs; the crocheted and braided kind, as they take pleasure in making these themselves and the wards are thus made more homelike. A bird on the wards, a good singer, is also a comfort, and will cheer the dull hours. The patients who can, should have a little table in their bedroom, a chair and any little thing that will add to their comfort.

The good trusty patients should feel that they are free to go about and that they are not being watched, but that we trust them. Those who enjoy going to a picture show, should be taken, not in a body, but groups of six or eight of those who are most congenial to each other, as I do not think the good patients enjoy going in any great number. Have little treats for them when they are busy with such work as sewing carpet rags. Have a carpet-rag party occasionally and serve a lunch. This will encourage them to go on with the work and make conditions seem more homelike. Let the patients, in groups of eight or ten, accompanied by an attendant, have little picnics in summer. Take them for auto rides, the superintendent or matron accompanying them. It will bring you closer and your patients will respect and know you better if you mingle with them.

We purchased a Victrola for our patients last fall, paid for it by selling fancy work made by the patients, and they enjoyed working for it. We have some very nice records, about 125 in all, comic pieces, sacred songs, band and instrumental music of all kinds. The patients enjoy this so much, as they can run the Victrola themselves, and I often find them singing the pieces as they play them.

We also have several patients to whom we give money and let them go to picture shows down town alone. Those are, of course, men and it makes them feel more at home when they can go and come alone. They also have dominoes, checkers and cards on the wards and enjoy them. We also have dances occasionally.

I do not approve dressing all the women alike, as the good patients do not like this. I try not to have two dresses alike and often let them go to the storeroom and choose their own dresses. It does not cost any more this way, as I get the goods just as cheap, and they are better suited.

Last, but not least by any means, have good attendants. There is a very great difference in a good attendant and a good ward worker. She or he may be one of the best ward workers, keeping everything in the very best of order, everything immaculate, yet fall down on being a good attendant, as the latter should mingle with his patients, let the patients feel that the attendant is their friend and willing to do the little things that will make the institution life seem as near like home as it possibly can. With the best efforts we can all make, it will fall short, no matter how grand the grounds may appear with roses and flowers of all kinds, the building ever so magnificent, for the humble little log house they have called their home is of course dearer to them.

May we all put forth an extra effort, with God's help, this next year to do more than we have ever done before for those in our care.

WEDNESDAY, JUNE 14, 1916—9:00 A. M.

PATIENTS THAT REALLY OUGHT NOT TO BE IN AN ASYLUM.

Louis Falge, M. D.

To begin with I wish to relate an incident of my boyhood days, more than forty years ago, which has left an indelible impression upon my mind. At that time the insane of Manitowoc county were kept on the second floor of our old courthouse, and were treated in the crude and primitive manner then in vogue. To give them an airing, they were several times a week, when the weather permitted, transferred to a small grated area adjoining the building where we children in passing to and from school, often lingered to stare at the poor neglected creatures thus publicly exposed, who to our childish minds more resembled wild animals than human beings.

I particularly recollect one elderly woman, the wife of a neighbor of ours, who was confined to a bare cold room. She had a mania for destroying her clothing, and moping in a crouching position in a corner of her

cell. The only way to pacify her was to keep her well supplied with black yarn with which she would industriously knit stockings for the devil, the work being perfect as far as the ankle where there was an enormous expansion for the hoof, this portion being later unraveled and finished properly by someone else. I was occasionally deputed to bring her some yarn or colored pictures which always delighted her. After my first embarrassing visit however, I insisted on first learning of the jailor whether she had at least a nightgown on.

Such an experience, however, is hardly possible in our day in Wisconsin, which is generally acknowledged to be in the fore front in many humanitarian and altruistic efforts, and in none more so than in the housing and care of the insane. Yet there remains much to be done.

In the Manitowoc County Asylum we have at present 125 patients from our own county, 42 from other counties, 29 state patients or a total of 196, besides 15 paroled patients.

According to Joseph A. Hill in "A Report on the Insane in the United States, Bureau of the Census" there was in 1810 in our country approximately one inmate in an asylum in every 500 of the population.

Dr. A. W. Wilmarth of Chippewa Falls claimed the proportion of insane and feeble-minded to the population in 1908 was as 1 to 309. When we take into consideration that our Manitowoc county insane in our institution number 125; that there are 13 county patients paroled; 27 in Winnebago; 3 at Chippewa Falls; and at least 21 others of whom I know personally, or a total of 189 in our county, the population of which is 44,978, the ratio is actually 1 to 237. There are undoubtedly many more of whose existence I am unaware which would decrease the ratio still more.

This certainly gives the impression that the number of insane is constantly on the increase, but may it not be due to the fact that owing to the much better housing, much better care and more intelligent and humane treatment of these unfortunates, that relatives and friends are more willing to entrust these patients to the average asylum.

Then again a considerable number of our inmates are in reality not insane and should never have been committed. The object of this paper is to bring to your attention some of the troubles and vexations we encounter in being obliged to be the keepers of many illegally confined charges as well as many undesirable ones, who ought for the best interests of all, to be placed elsewhere. This has been a frequent subject for discussion and consultation among the officers of our asylum, but the remedy is not always easily found. Undoubtedly all other asylums have similar difficulties. Let me enumerate some of these:

At least ten per cent of our inmates should in reality be considered county, town, or city charges, but lacking an almshouse these paupers, usually elderly people, are railroaded to the asylum. Either for economic reasons, or, for want of a more suitable place, this practice is found convenient.

There not being a sufficient number of distinct wards and single rooms to which these feeble old people can retire they are of necessity compelled to mingle indiscriminately with those who often are violent and noisy, and are at times even bodily assaulted, for the comparatively

few attendants are not always at hand to properly protect them. The needs of this class are few—a quiet place to which they can retire being of the utmost importance. It is a well-known fact that a single, noisy, uncontrollable patient does, at times, disturb the equilibrium of the entire institution.

In the last few years several determined efforts have been made to get the sanction of our county board to the erection of a county home, but hitherto without success mainly owing to the conservative attitude and false economy of the board, and because there is more or less jealousy existing between the city and country members, although it has been conclusively proven that such a home would under proper management be self-sustaining, as our asylum has been for more than twenty-five years.

It is high time to do away with the popular notion that the county asylums are mere custodial institutions. It is contrary to law too, but were this proportionately large number turned over to the proper authorities, it would raise a storm of indignation of no small proportions, and as the officers are more or less dependent upon the good will of the county board it would seem to be a rash act. Conventions like this one may properly deliberate as to the proper ways and means of summarily doing away with this extremely undesirable condition.

We care for approximately a score of epileptics. Having no appropriate associations, occupation or recreation, reared in idleness, debarred from our schools, neglected in bodily and mental training, and conscious of their growing infirmity, they grow up uneducated with a tendency to retrogression, rather than progress. During early manhood and womanhood most of these enjoy the sympathy of relatives and friends, and the comforts of a good home. Later on, however, the great majority, discontented with their hopeless condition, with a proclivity to sudden fits of ungovernable temper and impulsive acts of violence, are necessarily removed to an asylum where many meet an untimely death from epileptic insanity.

In connection with the Manitowoc City schools, we have lately established two ungraded rooms in which two of our most successful teachers, by patience and tact, are doing their best to give to a few of these at least the rudiments of an education. However, the amount of individual attention given to each is, necessarily, meager.

The very great desirability of the state's making appropriate provision for an institution similar to the Craig Colony of New York has often been discussed in your gatherings. Here, too, in many of the more rational cases, their detention in an almshouse would be far more appropriate and congenial to their mental and physical welfare.

A third, and fairly common class of undesirables, are acute and chronic alcoholics, committed either temporarily or for an indeterminate time. A man is picked up on the streets suffering from delirium tremens, and is immediately hustled off to the asylum by the police, often even without commitment papers. Here, one or more attendants are obliged to sit up with him perhaps two or three nights in succession. When the attack abates, in a week or so this human derelict is sent adrift once more.

This is an extra strain, as well as an imposition, upon the good nature of the attendants, that we now seldom tolerate.

Then it is some degenerate or homeless individual, perhaps a hostler at some tavern, who is tolerated only for the work that can be gotten out of him, but when ill, or obstreperous through excess, is at once complained of to the authorities, and promptly committed to the asylum, where he soon waxes sleek and fat and at times is even content to remain indefinitely.

A notorious character of our town, a woman, is in the habit of getting gloriously drunk semi-occasionally for which she has been frequently arrested and committed. The very next day her loving husband, deprived of the companionship of his helpmeet, initiates a campaign for her release, he and his sons-in-law making frequent calls upon the County Judge, Superintendent, Trustees, Physician, Aldermen and Attorneys. Of course we are only too pleased when she escapes. Once, when the husband was bluntly told that she ought to be in jail rather than in an asylum his naive remark was that he wouldn't mind so much if she were sent to jail, but the disgrace of considering her insane was intolerable to him.

The local general hospital refuses to care for delirium tremens patients, so our humanitarian and obliging County Judge, for want of appropriate quarters to detain them, acts in the belief that he is compelled to load them onto us. This shows the urgent necessity of one or more state inebriate asylums.

The fourth undesirable group and probably the most troublesome of all are those chronic insane who are habitually violent or noisy, requiring almost continual watchfulness or restraint to prevent harm to themselves or to others.

Then there are those who are absolutely helpless physically as well as mentally—those who are extremely filthy in habits, and those of a suicidal tendency, also requiring undue individual attention. For such, requiring segregation to a greater or less extent, so that the better grades can be kept entirely apart; the quiet and more rational ones from the obstreperous cases; the neat and obedient from the uncleanly and unappreciative, there is in the average asylum scanty provision made as a rule. Special provision must at some time in the future be made, either in separate state institutions, or by adequate special compensation to the asylums according to the number of such patients.

The tubercular insane naturally were always a source of anxiety. There were annually from one to four deaths from this scourge until 1914. At that time a plan was proposed to build two cottages for such doubly unfortunates needing separate institutional treatment. Fortunately, just at that time, the matter was solved for us by the State Board of Control opening up the Douglas County Sanatorium for tubercular insane. Our two patients then suffering from this disease were transported thence, since which time, the source of infection being removed, we have been absolutely free from tuberculosis.

Occasionally patients, suffering temporarily from delirium, due to some acute disease, who should have been treated at home or at some general hospital are committed. Only a few weeks ago, a man who died of pneumonia a few hours after reaching his destination was regularly

examined and committed to the Northern Hospital for the Insane at Winnebago.

A prominent citizen of Manitowoc was sent to Winnebago in 1884, when suffering from acute disease, who rapidly recovered there, and lived a normal life until his death three years ago. His family never forgave the physicians who pronounced him insane.

Three years ago a young neurasthenic mother was duly examined by two physicians and commitment papers were filled out, but it being Saturday, she was placed in temporary detention at the asylum to be transported the following Monday. I obtained permission to treat her. In three weeks she was returned to her home well, and has remained so ever since. Many similar cases might be mentioned in which greater care should have been exercised.

The need of a separate institution for the criminal insane has at last been recognized by the legislature. The fact that it was a great necessity is now plainly evident, for the newly established institution for the criminal insane in connection with the State Prison at Waupun are already utilized to the fullest capacity, with a number of cases on the waiting list. Among our number are two murderers, who, however, are perfectly tractable, such of course need not be removed. One particularly obnoxious case we are most desirous to get rid of, is a giant in stature. Three years ago he escaped but was returned after an absence of two years. In April, 1915, he made his escape a second time. Two weeks ago, he was brought back from Neillsville where he was serving time in the Clark county jail for complicity in a highway robbery. He has tried suicide by hanging, on two occasions and still threatens to do so at the first opportunity. The attendants can not have their eyes on him all the time, although we know full well, and he doesn't deny it, he will try to take French leave the first chance he gets.

Application has been made for his transfer to Waupun but we have not as yet received word from the State Board of Control.

Another numerous class, many of whom might advantageously be placed elsewhere, are the weak-minded and idiotic, ranging all the way from slight weak-mindedness to the high-grade moron. The harmless, obedient, neat ones ought to be placed with relatives or some humane family under homelike surroundings. These can be taught various lines of domestic or agricultural work, and even made fairly self-sustaining to the advantage of the patient, the employee and society alike. This certainly holds true of men. As regards women of this class, decidedly more watchfulness and oversight is necessary, for designing and unscrupulous men only too often take advantage of these helpless charges. One very useful, handy woman employed about the kitchen was, under a former régime at three different times paroled to various farms and invariably returned pregnant. For this reason we are extremely cautious in paroling weak-minded women during the childbearing period.

The disastrous results of such women at large without constant supervision is well illustrated by the history of one such case from our county leaving a trail of insanity and degeneracy extending into the fourth generation at an enormous expense to the public.

Another class of unfortunates are those who, owing to some physical defect are incapable of self-support, and being penniless and friendless are committed to our care although sane.

We have had for years a *rara avis*, a trusty Indian of unknown pedigree, whom we designate John Doe No. 3. Barring his being deaf and dumb he is perfectly sane, is at all times willing to work, always anxious to be of some use. On my visits, he invariably calls my attention to someone needing my services. Although seemingly content he has escaped twice, but voluntarily returned on both occasions.

Another man, almost blind, but perfectly sane, was with us for some years. One of our towns paid for his support at the Holy Family Hospital for three or four years, but tiring of this expense unburdened him upon the asylum. Claiming he was illegally detained, he refused to work, was sullen and refractory, and tried his best to create discontent among a few he could influence. He escaped on two occasions by making keys to the various locks. He is now paroled to his sister. Similar cases can be multiplied.

The last class of patients I wish to mention are those who are quite restored to sanity, who should be paroled as soon as considered advisable, although they are often virtual prisoners for life. We make it a practice to release such inmates when it is deemed safe to do so, often taking the initiative in requesting and even importuning friends and relatives to give them a fair trial. We usually find that it works out very satisfactorily. At times, a very sullen and troublesome patient remains perfectly tractable among friends at home. At present fifteen of our patients are under parole, and more ought to be, if they could but find someone to be responsible for them.

Wisconsin has really been very attentive to the needs of the defective classes and quite liberal with its funds for this purpose. Of late years the Hospital for the Criminal Insane at Waupun has been established; the Asylum for Tubercular Insane in Douglas county has been organized; and an additional home for the feeble-minded is in process of building at Racine. Yet, much remains to be done. We need a home for epileptics, hospitals for the inebriates, more county asylums and county homes.

CLASSIFICATION OF CHRONIC INSANE IN THE COUNTY ASYLUMS.

Mrs. W. E. Voigt, Matron—Jefferson County Insane Asylum.

Mr. President, Ladies and Gentlemen:

I was informed a short time ago that I would be expected to read a paper before you at this time. It seemed a big undertaking for me as I am not much of a public speaker, but in thinking over the matter of what topic to discuss, I chose the subject "The Classification of Insane in County Asylums;" thinking you may all care to hear of the very good results of our experience.

Eight years ago our trustees were notified by the State Board of Control that our men's building was too small and that an addition to the same

was necessary. Of course we knew if this addition were not made we were liable to lose our state patients in order to make room for our own insane that were in state hospitals.

Then we asked for an entirely separate building, but the State Board of Control hesitated a while, wondering how that would work out, but finally gave their consent. Seven years ago the building was erected and is used by our better class of men. The building was occupied less than a year when the superintendent began putting some of the escape patients in there to see what could be done with them by making them promise they would not run away, and today there is no less than a dozen men that were formerly our worst escapes.

Three years later we were notified that our ladies' building was too crowded and that there would have to be another addition. We had reaped such very good results from the men's separate building that we asked for one now for the women. We were fortunate in procuring that one too.

The men's building has a capacity of fifty-two and the ladies' of thirty-two. In the men's building today there are forty-seven men and in the ladies' building there are twenty-six women.

We all know that some of the better class are harder to manage than those that are less bright, but if any one of our inmates of that class that are in these separate buildings do not mind, we threaten to take them back to the old buildings, and really you would be surprised to see what effect that threat, as a rule, has. They are usually ready to do almost anything rather than to have to return to the old building. Access to the new building gets them away from the noisy and more turbulent inmates, and they have the opportunity of getting their rest at night. They also have a much better chance for their own entertainment; the men otherwise idle, play cards and pool, the ladies do fancy work and some read quite a good deal.

It is a great pleasure to see patients out strolling about the lawn mornings before breakfast. The doors are opened at 5:00 a. m. and not locked again until 8:00 p. m. and in the summer months very often not until 8:30 or 9:00 p. m.

The windows too are perfectly free and can be opened from bottom or top as wide as in our own private homes.

Most of the men in this building have outdoor occupation, those that do remain in, help with inside work. Similarly most of the ladies work in the laundry, kitchen and dining room. They can all go to and from their work with perfect freedom. As our large bell rings at 11:30 a. m. and again at 4:30 p. m., it is a great pleasure to see the men, especially coming from different parts of the groves and farm without the guidance of an attendant, as they have the privilege of going about the farm as long as they will come home when the bell rings. We certainly see a very big change as compared to what it was when we began this work twenty-eight years ago.

I could mention a number of patients that before they were put in these buildings were careless and untidy. Now they are as neat and tidy as any one could wish. By discussing this better class, I do not mean to say that those still remaining in the old buildings are not made as com-

fortable as possible under the circumstances. We try to keep their rooms arranged with pictures, rugs, lounges and pillows. The use of separate buildings has a great tendency to make better patients of those in the old buildings, as they have hopes that they some day may have the same privileges as the more fortunate inmates. But, of course, they have the use of lawns during certain hours of the day under the supervision of their attendant as they cannot as yet be trusted as those in the other buildings. In fact the general supervision is practically the same, only those in separate buildings get the privilege of almost absolute freedom.

Taken all in all we are more than pleased with the good results we have obtained from the classification of our insane. It certainly has been most beneficial to the patients and profitable to our institution. In my humble way, I have tried to show you the benefits to be derived from the plan. If there is anything which I have not made clear I would be pleased to answer any question you may ask.

STATE CARE OF INEBRIATES.

Frank I. Drake, M. D., Superintendent of the Wisconsin State Hospital for the Insane.

Disreputable as habitual drunkenness is, its unsavory history is coeval with that of recorded time. Its causes are two, social and individual—social in so far as it is related to good fellowship; and individual, in so far as it is related to inherent mental and moral weakness.

It is a matter of common observation that habitual drunkenness is associated with many nervous disorders. Inebriety, hysteria, feeble-mindedness, epilepsy, migraine and insanity are all closely allied. In such cases it is one of the clinical evidences of a bad heredity. It may also be looked upon as a habit grafted upon a fundamentally weakened nervous structure. The victims, then, are primarily feeble-minded and secondarily alcoholics, or primarily epileptic or insane and secondarily habitual drunkards.

Inasmuch, then, as the original nervous structure in these types of defectives is at fault, help for them is entirely wanting outside of enforced restraint in institutions adapted to their particular kind of disorder. The care and treatment of this form of inebriety is that which is appropriate to the primary cause. There ought to be no argument against permanent state supervision and protection.

The care and treatment, however, of that form of inebriety which springs from social custom, present a different and a more complex problem for solution. There are those who disbelieve in enforcing abstinence, because force does not make men more moral or more intelligent. The argument continues that men, like animals, should be left to struggle for their existence. The strong will survive, the weak will perish from the earth. The history of civilization, however, warrants a different view. The human race no longer develops under benign

natural law but grows in spite of natural law. Science comes forward and shows us how to rear the weak and puny babies who otherwise would perish; the insane, the feeble-minded, and the epileptic who, heretofore, have languished and died in jails or wandered as outcasts, are now provided with palatial homes and protected at public expense; the sick and wounded who otherwise would have died of disease and exhaustion, by means of the most marvelous discoveries of all ages, are now nursed back to life and health.

If, in the development of our civilization, force is not justifiable, whence and wherefore comes the right of the state to punish criminals, to commit the insane, to forbid the sale of morphine or the taking of usury? Moreover, intelligence is no protection against the evil habit, for in deep humiliation I am forced to admit that many representatives of our most noble profession are conspicuous examples of the ruin wrought by strong drink and drug addiction.

The records of our penitentiaries and workhouses show that "drunks" come back repeatedly. The records of the State Hospital for the Insane show that from fifteen to eighteen per cent of the male admissions are afflicted with the several forms of alcoholism. They soon recover from the effects of a debauch, and return to their homes, only, however, to repeat their bouts of drinking and return to the hospital, some as many as five or six times. Neither a prison sentence nor an adjudication of insanity has, at length, any terrors for the common drunk, though he resents being classed as criminal or as insane. The stigma of a prison sentence or of an adjudication of insanity will not rub off. He emerges from behind prison walls with the brand of Cain upon him, robbed of his self-respect, bereft of pride in his character, and cheated of his self-confidence and independence. He is no longer a respected nor a self-respecting citizen. He is a terror to his family; an object of the finger of scorn; the toy of the police; the bread of life of the city magistrate. He has become a bloated, maudlin derelict of humanity.

The economic loss of the state through habitual drunkenness is incalculable. Loss of time and money, loss of strength and efficiency, loss of life and limb, to say nothing of the loss of home, friends and manhood, are all weighed in the balance against the drink habit and found wanting. Great railroad corporations have forbidden their employees even to enter a saloon; the business man discriminates in favor of the total abstainer; life insurance companies look upon the habitual drinker as an undesirable risk; the "want ad" in the daily paper calls for a sober, industrious man. Whenever and wherever the drinker seeks employment his services are looked upon with distrust and the sober man is given the preference.

As a means to permanent reform, prayers, pledges and prisons have long since been sent to the scrap heap. The effort to check habitual drunkenness by the punishment of the drinker has been tried in every civilized country for generations, but to no avail. The number of the drinkers does not grow less, nor does the violence of the intoxication diminish. Not long ago, as the door of the penitentiary closed for the sixth time upon an old, hunchbacked offender, I asked him whether the last sentence had done him any good. His reply contained an element

of pathos, a full measure of common sense and a bit of thoughtful advice to our politicians and statesmen. He said, "Doctor, the state of Wisconsin has no right to license saloonkeepers to sell liquor and then send us poor devils to the penitentiary for getting drunk."

Since prison sentences and adjudications of insanity have failed in their object, some method of treatment must be adopted which conforms with the modern conception of the drink evil. A man drunk with whiskey belongs in a class with men under the influence of morphine, chloral or cocaine, but not with the man who steals your chickens or forges your name, who sees diamonds in pebbles or fancies himself the Kaiser of Germany. The conception of medical opinion and the opinion of all hospital authorities is that a man should not be sent to prison or to an insane asylum merely because he is in the habit of getting drunk, but that he should be sent to a place especially provided for the care and treatment of inebriety.

The purpose of treatment is to destroy the craving for stimulants and to restore the will power. Three things are essential, (1) complete restoration of physical health; (2) reinvigoration of the patient's mental and moral stamina; (3) both extended over a period of time sufficiently long to secure the patient against relapses. It is apparent that drugs do not play a prominent part in this method of treatment. There is no specific for inebriety any more than there is for insanity or morphinism, and all the cocksure, much advertised specifics, the "gold" cures and the "Keeley" cures, are swindles pure and simple. The fraudulent manufacturer reaps a harvest of wealth; the unfortunate victim is robbed of his money and left often in a worse plight than before the cure commenced.

The secret of what little success is had by these mail order cures comes from strengthening the patient's moral force through suggestion and confidence in the efficacy of the remedy. Likewise, the willingness and the readiness with which the victim goes to an institution of this sort is an act of volition which takes him a long way toward gaining confidence in its full power. Besides, hope, pride, confidence, fear, all are levers put in his hands to lift him out of the slough of despond. But, why mix truth with falsehood when truth alone, properly applied, is sufficiently powerful to accomplish the desired ends?

For these and other reasons I believe that an inebriate asylum is an imperative need of this state. It should be established on the same basis as our other state institutions, under the supervision of the State Board of Control, and under the immediate charge of an experienced physician.

The site selected should be in the country, far removed from all sources of temptation to drink, surrounded by beautiful scenery, and chosen for the fertility of its soil.

Admission into this asylum should be obtained in such a way as to secure the applicant's interest and active coöperation in the work of cure, preferably by voluntary admission, but by legal commitment if necessary. It has been shown in other institutions of like character that by far the larger number of admissions are voluntary. At the Norfolk State Hospital for inebriates in 1913, the ratio was 171 to 577 and in 1915 it was 231 to 997. This is an evidence of a sincere desire on the

part of the drunkard to obtain relief from an overpowering habit. This feeling should be encouraged and no obstacle placed in the path of a penitent sinner.

A part of the plan is to give these men out-of-door employment at farming and gardening, to insist upon regular hours of sleep, work, rest and recreation; to provide an abundance of good, wholesome food; to provide an opportunity for work in all forms of handicraft, even to teaching the man who has no trade the one for which he is best fitted. All forms of social entertainments are included, not forgetting lectures on various interesting and important subjects, as well as religious exercises. All this is suited to build up, strengthen and fortify the patient against the day when he will go out to struggle with temptation.

When should this be allowed? In not less than a year, possibly two or even three years, or when it is reasonably certain that the appetite for liquor is overcome.

But do the number of recoveries justify the large expense of construction and maintenance of such an institution? "By their fruits ye shall know them." In a personal letter to me Dr. Geo. H. Freeman, Superintendent of the Hospital Farm for Inebriates at Willmar, Minnesota, says that "two-thirds of these remaining until properly released are not drinking at the end of one year." The last report of the Norfolk State Hospital (1915) shows that the authorities have been able to obtain the after-histories of 2,313 men who have been under observation for a maximum period of six years and a minimum period of six months; of them 944 (41%) have been abstinent, and 1179 (51%) have been materially improved.

Curative measures should not cease with the patient's discharge from the asylum. The follow-up method should be pursued. Through the outfield department supervision should be continued for at least a year longer. Work should be found for him and encouragement given to seek proper companionship in temperance organizations and the Y. M. C. A. In all cases the temptation to yield and fall by the way-side must be overcome by forces strong enough to keep him in the straight and narrow path.

The plan which I have roughly outlined will result in a material saving to the state of the expense of frequent arrests and convictions and prison sentences, possibly of an adjudication of insanity and transportation to an asylum, besides the many expenses incident to an unrestrained proclivity to drunkenness. In a word, it contemplates an effort to produce a sober, respected, productive citizenship.

THURSDAY, JUNE 15, 1916—9:00 A. M. BUSINESS SESSION.

The meeting was called to order by President Duncan:

Report of the Finance Committee was read and adopted. Moved by Mr. Coffland that the constitution and by-laws be changed allowing the Treasurer a compensation of \$25.00 per year. Motion carried.

Motion made and carried that the Secretary be instructed to cast the unanimous ballot for the old officers to serve during coming year.

Report of the Resolutions Committee read and adopted. Mr. Horel of Eau Claire, extended an invitation to the association to meet at Eau Claire in 1917. Mr. Cushman moved that the association accept Mr. Horel's invitation. Motion seconded by Mr. Butters.

Mr. Prien of Dane county then invited the association to hold its next convention at Madison. Mr. Prien very ably presented the many advantages to be enjoyed by the association holding its meeting at Madison.

Mr. Coffland suggested that Dane county withdraw in favor of Eau Claire and present its invitation for the 1918 convention.

Mr. Whipple, of Rock county then invited the association to meet at Janesville, stating "The latch string is always out at the Rock County Asylum."

The motion of Mr. Cushman was then put by the President and was carried thus naming Eau Claire as the meeting place for the 1917 convention, the date to be either the first or second week in June.

The Members of the Association were taken to the Manitowoc County Asylum where they were entertained by Mr. and Mrs. Drews, Superintendent and Matron of the institution. After visiting the asylum the members were treated to an automobile tour of the city.

**TREASURER'S REPORT FOR THE ASSOCIATION OF TRUSTEES,
SUPERINTENDENTS AND MATRONS OF COUNTY ASYLUMS FOR CHRONIC INSANE OF WISCONSIN. MEETING AT MANITOWOC, WIS., JUNE, 1916.**

Receipts.

Balance on hand.....	\$91.32
Shawano county { May 5.....	5.00
June 14.....	5.00
Dunn County.....	5.00
Brown County.....	5.00
Eau Claire County.....	5.00
Outagamie County.....	5.00
La Crosse County.....	5.00
Trempealeau County.....	5.00
Marathon County.....	5.00
Sheboygan County.....	5.00
Richland County.....	5.00
Dodge County.....	10.00
Winnebago County.....	5.00
Manitowoc County.....	5.00
Sauk County.....	20.00
Fond du Lac County.....	10.00
Washington County.....	5.00
Waupaca County.....	5.00
Dane County.....	10.00
Jefferson County.....	5.00
Rock County.....	10.00
Columbia County.....	5.00
Walworth County.....	5.00
Monroe County.....	5.00
Racine County.....	5.00
Marinette County.....	5.00
Douglas County.....	5.00
Wood County.....	5.00
Vernon County.....	5.00
Total.....	<u>\$271.32</u>

Disbursements.

Bills on file audited by Finance Committee.....	
D. C. Hayward, Sec.—salary.....	\$25.00
Sundry bills.....	69.17
A. C. Raether, stenographer—paid since meeting.....	5.00
Geo. H. Seely, Treas.....	25.00
	<u>\$124.17</u>
Balance on hand.....	147.15
	<u>\$271.32</u>

REPORT OF THE COMMITTEE ON RESOLUTIONS.**Manitowoc, Wis., June 15, 1916.**

Resolved, That we, the Association of Trustees, Superintendents, and Matrons of Wisconsin County Asylums in conference assembled at Manitowoc, June 13, to 15 inclusive, do hereby express our heartfelt thanks to the Honorable Mayor, Henry Stoltze, and to the citizens of Manitowoc for the most courteous treatment and excellent entertainment we have received at their hands.

Special mention is hereby made of the abundant labors for our happiness of Mr. and Mrs. Otto Drews, Messrs. Weigand, Kiel, Wernecke and Dr. Falge, officials of your Asylum. Further, we are indebted to the musical organizations and the automobile owners for their contribution to our enjoyment while in their city.

To the various officers of the convention and speakers on the program, we extend our thanks for the masterly manner in which our meetings have been conducted, and the great benefit we have derived therefrom. We feel that the convention has been a great uplift in fitting us the better for our work, and that in this commingling of workers in one line of activity we have each gained much by the experience of the others, and that the social element has not failed to bring us nearer together and therefore more in sympathy with each other.

The sad thought always in connection with these meetings is that there are always some whose names we can only immortalize in our weak way by simply recording that the last duty as officials of asylums has been done. We therefore, remember with sorrow the passing of Mr. R. C. Ramsey of Peshtigo who died August 1, 1915; Dr. Reed of Jefferson for many years the doctor of the Jefferson County Asylum and always interested in the work. Mr. C. A. Snover, inspector for the State Board of Control, who was greatly beloved by all asylum officials and whose demise occurred during the year. May they rest in peace.

Chas. E. Butters,
H. G. Fischer,
S. E. Horel.

Manitowoc, Wis., June 15, 1916.**TO THE STATE BOARD OF CONTROL:**

Whereas, the cost of maintenance in county asylums is steadily increasing the Association of Trustees, Superintendents and Matrons of County Asylums assembled in Manitowoc, June 13 to 15 inclusive, do hereby respectfully petition your honorable body to do all in your power to have the lawmakers of Wisconsin pass such laws as will increase the per capita amount given for each and every patient in an insane asylum 50 cents per week. Should your honorable body see fit to comply with this request, we further pledge the various asylum officials to use their influence with their senators and assemblymen in the passing of such legislation.

Chas. E. Butters,
H. G. Fischer,
S. E. Horel.

TRUSTEES, SUPERINTENDENTS AND MATRONS OF COUNTY ASYLUMS 19

DIRECTORY OF COUNTY ASYLUMS FOR CHRONIC INSANE, JUNE 30, 1916, SHOWING LOCATION OF INSTITUTION AND NAMES OF OFFICERS AND THEIR POST-OFFICE ADDRESSES.

County Asylums for Chronic Insane	Post Office of Asylum	Superintendents	Visiting Physicians and Post-Office Addresses	Trustees	Post-Office Address of Trustees	Matrons	
Brown.....	Green Bay R. R. No. 1	Fred M. Loftus.	D. Gosin, Green Bay.....	Frank Crabb..... N. P. Rasmussen..... Jas. Stratte..... C. E. Preston..... Henry Lohs..... Blower..... Stanley..... Poyrette..... Portage..... Columbus..... Cambridge..... Madison..... Mount Horeb..... Lowell..... Mayville..... Beaver Dam..... Superior, 1223 Tower Avenue..... Superior, East End..... Superior, 21st and Hammond Ave..... Menomonie..... Colfax..... Eau Claire..... Eau Claire..... Eau Claire..... Augusta..... Fond du Lac..... Calvary, R. F. D..... Brandon, R. No. 19..... Fennimore..... Platteville..... Lancaster..... Dayton..... Brohead..... Monroe..... Dodgeville..... Mineral Point..... Rewey.....		De Pere..... Denmark..... Green Bay..... Chippewa Falls..... Blower..... Stanley..... Poyrette..... Portage..... Columbus..... Cambridge..... Madison..... Mount Horeb..... Lowell..... Mayville..... Beaver Dam..... Superior, 1223 Tower Avenue..... Superior, East End..... Superior, 21st and Hammond Ave..... Menomonie..... Colfax..... Eau Claire..... Eau Claire..... Eau Claire..... Augusta..... Fond du Lac..... Calvary, R. F. D..... Brandon, R. No. 19..... Fennimore..... Platteville..... Lancaster..... Dayton..... Brohead..... Monroe..... Dodgeville..... Mineral Point..... Rewey.....	Mrs. Fred M. Loftus. Mrs. F. O. Bible. Mrs. S. C. Cushman. Lisetta Prien. Mrs. N. M. Klink. Mrs. W. J. Conness, Mrs. T. H. Moore. Mrs. S. E. Horel. Mrs. Ida M. Kenyon. Mrs. M. V. Burris. Mrs. R. C. Whitcomb. Mrs. M. L. Parkinson.
Chippewa.....	Chippewa Falls	F. O. Bible.	Chas. A. Hayes, Chippewa Falls				
Columbia.....	Wycocena	S. C. Cushman	A. V. De Neveu, Wycocena.....				
Dane.....	Verona	H. F. Prien.	W. W. Stebbins, Verona.....				
Dodge.....	Juneau	N. M. Klink	W. E. Halloch, Juneau.....				
Douglas.....	Superior, Itasca Sta.	W. J. Conness	W. H. Zwickley, Superior.....				
Dunn.....	Menomonie	T. H. Moore	N. L. Howison, Menomonie.....				
Eau Claire.....	Eau Claire	S. E. Horel	J. F. Farr, Eau Claire.....				
Fond du Lac.....	Fond du Lac	Louis A. Kenyon	J. W. Helz, Fond du Lac.....				
Grant.....	Lancaster	M. V. Burris	R. C. Godfrey, Lancaster.....				
Green.....	Monroe	R. C. Whitcomb	W. B. Gnagi, Monroe.....				
Iowa.....	Dodgeville	Morris L. Parkinson	J. R. Hughes, Dodgeville.....				

DIRECTORY OF COUNTY ASYLUMS FOR CHRONIC INSANE, JUNE 30, 1916, SHOWING LOCATION OF INSTITUTION AND NAMES OF OFFICERS AND THEIR POST-OFFICE ADDRESSES—Continued.

County Asylums for Chronic Insane	Post Office of Asylum	Superintendents	Visiting Physicians and Post-Office Addresses	Trustees	Post-Office Address of Trustees	Matrons
Jefferson.....	Jefferson.....	W. E. Voigt.....	Geo. L. Smith, Jefferson.....	Gustav Fox..... John Gales..... Henry Fischer..... Frank P. Coburn..... Thomas Savrum..... Adam Kroner..... Henry Wernecke..... Wm. Kiel..... Louis Weiland..... Chas. F. Cramer..... Henry Volhard..... John Manser..... W. C. Campbell..... R. McWilliams..... W. H. Wright..... Louis Manegold..... Wm. L. Coffey.....	Waterloo..... Ft. Atkinson..... Jefferson..... West Salem..... La Crosse..... La Crosse..... Manitowoc..... Manitowoc..... Cleveland..... Spencer..... Marathon..... Wausau..... Marquette..... Marquette, R. No. 2..... Peshtigo..... 3025 Highland Blvd., Milwaukee..... 132-20th Street, Milwaukee..... 650-3rd Avenue, Milwaukee..... 441-23rd Avenue, Milwaukee..... 402-Bradford Ave., Milwaukee..... Norwalk..... Warrens..... Sparta..... Appleton..... Hortonville..... Seymour..... Racine..... Racine..... Caledonia..... Sylvan..... Gotham..... Richland Center.....	Mrs. W. E. Voigt..... Mrs. O. Gullickson..... Mrs. Otto Drewa..... Mrs. M. H. Duncan..... Mrs. R. M. Smith..... Miss Ione Merriott..... Mrs. F. J. Mooney..... Mrs. Thos. B. Flanagan..... Adell Lewis..... Mrs. J. H. Gime.....
Monroe.....	Sparta.....	F. J. Mooney.....	C. M. Beebe, Sparta.....	Mike Neumann..... P. C. Pedersen..... Albert H. Frohmader..... O. E. Clark..... Thos. Kelly..... Peter Tubbs..... G. C. Peterson..... F. I. Lingswiler..... Henry F. Johnson..... John Koch..... J. W. Martin*..... J. E. Coffland.....		
Outagamie.....	Appleton.....	Thos. B. Flanagan.....	Frank P. Doherty, Appleton.....			
Racine.....	Racine, R.F.D., No. 4.....	H. W. Lewis.....	F. G. Preen, Corlies.....			
Richland.....	Richland Center.....	L. T. Johnson*.....	F. W. McKee, Richland Center.....			

*Supt. L. T. Johnson was accidentally killed in an automobile accident on Sept. 27, 1916.

*Mr. J. W. Martin was succeeded on Jan. 1, 1917, by Mr. J. B. Gillingham.

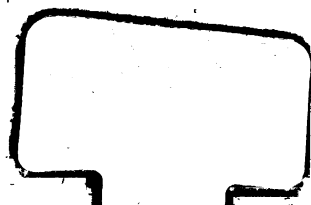
DIRECTORY OF COUNTY ASYLUMS FOR CHRONIC INSANE, JUNE 30, 1916, SHOWING LOCATION OF INSTITUTION AND NAMES OF OFFICERS AND THEIR POST-OFFICE ADDRESSES—Continued.

County Asylums for Chronic Insane	Post Office of Asylum	Superintendents	Visiting Physicians and Post-Office Addresses	Trustees	Post-Office Address of Trustees	Matrons
Rock	Janessville	C. S. Whipple	J. Frank Pember, Janessville	C. E. Langworthy Robert Moore A. M. Church	Edgerton Avalon Janessville	Mrs. C. S. Whipple
St. Croix	New Richmond	C. N. Cole	F. S. Wade, New Richmond	H. M. Traiser E. E. Gatchell W. C. Bradley	New Richmond Hudson Hudson	Mrs. C. N. Cole
Sauk	Reedsburg	C. Christensen	C. A. Rood, Reedsburg	John M. Kindachi Herman E. Stone William Rigert	Reedsburg Reedsburg Reedsburg	Mrs. C. Christensen
Shawano	Shawano, R. D. No. 3	August Hoeffs	W. H. Cantwell, Shawano	Herman Drueckrey Aug. Beversdorf Herman Spiegel	Underhill, R. D. No. 1 Shawano, R. D. No. 2 Tigerton	Mrs. August Hoeffs
Sheboygan	Sheboygan	H. A. Arpke	John Tasche, 830 N. St., Sheboygan	R. B. Melvin Eli Carpenter L. G. Cornelius	Glenbeulah Plymouth Sheboygan	Mrs. H. A. Arpke
Trempealeau	Whitehall	John McKivergin	C. F. Peterson, Independence	F. M. Smith J. I. Dewey A. P. Ofdahl	Osseo Osseo Ettrick	Mrs. John McKivergin
Vernon	Viroqua	Chas. E. Butters	Chas. H. Trowbridge, Viroqua	C. M. Butt McPherson McVey Gus Martland	Viroqua Rockton Blountdale	Mrs. Chas. E. Butters
Walworth	Elkhorn	D. W. Stanford	Edward Kinne, Elkhorn	H. E. Hartwell Thomas E. Loan Fred H. Munro	Elkhorn Elkhorn Whitewater	Mrs. D. W. Stanford
Washington	West Bend	John Homrig	W. J. Wehle, West Bend	Geo. W. Jones Joseph Ott C. J. Leas	Elkhorn West Bend, R. No. 1 West Bend West Bend	Mrs. John Homrig
Waukesha	Waukesha	Geo. F. Carroll	R. E. Davies, Waukesha	M. L. Davis John Brinn H. L. Kellogg	Waukesha Waukesha Waukesha	Miss Katie Carroll
Waupaca	Weyauwega	D. C. Hayward	E. H. Jones, Weyauwega	Simon Myhre H. Lindow E. H. Ramin	Oconomowoc Manawa New London	Mrs. D. C. Hayward
Winnebago	Winnebago	E. E. Manuel	J. E. Schein, Oshkosh	Adam Elmgott Wm. Fisher A. B. Press	Oshkosh Neenah Omro	Mrs. E. E. Manuel
Wood	Marshfield	L. E. Gilson	K. W. Doege, Marshfield	R. Connor John S. Thompson W. H. Bean	Marshfield Grand Rapids Vesper	Mrs. L. E. Gilson

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